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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 9/4/2003  
2. House Identification Number 30636000 Senate Identification Number 1694-12

## REGISTRANT

3. Registrant name AARP

Address 601 E Street NW

City Washington

State DC

Zip 20049

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 434-3750

Contact David Certner

E-mail (optional)

6. General description of registrant's business or activities

Advocacy

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check if labeled "Self" and proceed to line 10.*  Self

7. Client name self

Address

City

State

Zip

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
<u>Anna Schwamlein</u>	<u>Legislative Legal Associate</u>



Registrant Name AARP Client Name self

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

HCR MMM RET

12. Specific lobbying issues (current and anticipated)

Health care, including Medicare and Medicaid

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇨ Go to line 14.  Yes ⇩ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇨ Sign and date the registration.  Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C p in

Signature *Anna Schwamlein* Date 09/04/2003

Printed Name and Title Anna Schwamlein

Form LD-1 (Rev. 04/03)